

CHAPTER 4 SECTION 5.1

RADIONUCLIDE IMAGING PROCEDURE

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I. CPT¹ PROCEDURE CODES

78000 - 78799, 78800 - 78999

II. POLICY

A. Radionuclide imaging is covered when medically necessary and appropriate; however, the following procedures are seldom indicated and require special written justification:

1. 78070 - *Parathyroid Nuclear Imaging*¹ - Computerized tomography (CT) is superior to radionuclide parathyroid imaging, including its use with selenium-75 selenomethionine.

2. 78299 - *GI Nuclear Procedure*¹ - Radionuclide liver function study with hepatobiliary agents, with probe technique - When available, computer-assisted radionuclide liver function study is superior.

3. 78299 - *GI Nuclear Procedure*¹ - Radionuclide pancreas imaging - Computerized tomography and ultrasound are superior to radionuclide pancreas imaging, including its use with selenium-75 selenomethionine.

4. 78299 - *GI Nuclear Procedure*¹ - Gastrointestinal fat absorption with radioiodinated triolein - Surpassed by other studies.

5. 78704 - *Imaging Renogram*¹ - Radionuclide kidney imaging with function study (i.e., imaging renogram) - When available, computer-assisted renal scintigraphy study is superior to radionuclide kidney imaging with function study, including its use with I-131 hippuran and external scintillation probes.

B. Indium¹¹¹ Pentetreotide (Octreoscan) Scintigraphy is covered for the localization and monitoring of treatment of primary and metastatic neuroendocrine tumors.

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III. EFFECTIVE DATE June 1, 1994, for Octreoscan Scintigraphy.

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